SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 8

[X] 11a   [ ] 11b   [ ] 11c   [ ] 12

[ ] 13   [ ] 14   [ ] 15   [ ] 16   [ ] 17

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NAME OF COMMITTEE (In Full)

TUBERVILLE VICTORY FUND

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

BLANCHARD, JOHN, D., ,

Mailing Address 8650 WYNFORD PL

City	State	Zip Code
MONTGOMERY	AL	36117-7477

FEC ID number of contributing federal political committee.   C

Name of Employer (for Individual)   ASCENT RESIDENTIAL LLC

Occupation (for Individual)   OWNER

Receipt For:
[ ] Primary   [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼   21600.00

Date of Receipt

05 / 05 / 2021

Transaction ID : SA11A.63616

Amount of Each Receipt this Period

21600.00

[ ] Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

SWAID, CHRISTY, J., ,

Mailing Address P.O. BOX 660827
SUITE 372

City	State	Zip Code
BIRMINGHAM	AL	35266-0827

FEC ID number of contributing federal political committee.   C

Name of Employer (for Individual)   HOMEMAKER

Occupation (for Individual)   HOMEMAKER

Receipt For:
[ ] Primary   [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼   1500.00

Date of Receipt

05 / 13 / 2021

Transaction ID : SA11A.63662

Amount of Each Receipt this Period

1500.00

[ ] Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

SWAID, SWAID, N., ,

Mailing Address 3010 SOUTH COVE DRIVE

City	State	Zip Code
VESTAVIA HILLS	AL	35216-3870

FEC ID number of contributing federal political committee.   C

Name of Employer (for Individual)   SWAID CLINIC

Occupation (for Individual)   DOCTOR

Receipt For:
[ ] Primary   [ ] General
[ ] Other (specify)

Aggregate Year-to-Date ▼   2500.00

Date of Receipt

05 / 13 / 2021

Transaction ID : SA11A.63661

Amount of Each Receipt this Period

2500.00

[ ] Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).. ▶   25600.00

TOTAL This Period (last page this line number only)................................. ▶   25600.00